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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: LaToya I. Cross
Art Unit: 1743

DATE: October 28, 2005

FROM: Barry M. Shuman/Wei-Ning Yang

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 18

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MESSAGE:

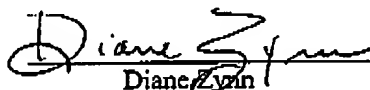
RE: U.S. Patent Application Serial No.: 09/811,028; Attorney Ref: 81841.0154

I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter
- RCE/Petition for Extension of Time (one month)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

October 28, 2005
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Diane Zynn

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TELECOPY/FAX NUMBER: (571) 273-8300 - Art Unit 1743

CLIENT NUMBER: 81841.0154

ATTORNEY BILLING NUMBER: 6085

CONFIRMATION NUMBER: 571-272-1256 (please return fax to Diane Zynn)

FORM PTO-1083

1991-174 (81841.0154)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Donald J. GJERDINGEN, et al.

Serial No: 09/811,028

Filed: March 16, 2001

For: ROTARY INCUBATION STATION FOR
IMMUNOASSAY SYSTEMS

Art Unit: 1743

Examiner: Latoya I. Cross

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	24	-	24	--	LG=\$18 SM=\$9 \$[FEE]	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	---	LG=\$86 SM=\$43	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ 0
Independent Claims: 1, 11 and 19					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$__ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Please charge the fee of \$120 for the one-month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON LLP

By: Barry M. Shuman

Wei-Ning Yang (Contact Person)

Registration No. 38,690

Attorney for Applicant(s)

Barry M. Shuman

Registration No. 50,220

Dated: October 28, 2005

Biltmore Tower

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Los Angeles, California 90071

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(571) 273-8300:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450 on

October 28, 2005

Date of Deposit

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TOTAL CLAIMS FEE	24	-	24	**	LG=\$18 SM=\$9	\$[FEE]
INDEPENDENT CLAIMS FEE	3	-	3	***	LG=\$88 SM=\$43	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$145	\$
Independent Claims: 1, 11 and 19					TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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HOGAN & HARTSON LLP

By: Barry M. Shuman
Wei-Ning Yang (Contact Person)

Registration No. 38,690

Attorney for Applicant(s)

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